AO 440 (Rev. 8/01) Summons in a Civil Action

United States District Court

Southern District of **New York**

KIM KAUFMAN and GLENN KAUFMAN,

Plaintiffs,

٧.

SUMMONS IN A CIVIL ACTION

UNITEDHEALTH GROUP INC., UNITEDHEALTHCARE, UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK, UNITEDHEALTHCARE OF NEW YORK, INC., OXFORD HEALTH PLANS LLC and OXFORD HEALTH PLANS (NY), INC.,

Defendants.

TO: (Name and address of Defendant)

See Schedule A

CASE NUMBER: 08 Civ. CIV 5401

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Max R. Shulman, Esq. Cravath, Swaine & Moore LLP Worldwide Plaza 825 Eighth Avenue New York, NY 10019

an answer to the complaint which is served on you with this summons, within	20	days after service
of this summons on you, exclusive of the day of service. If you fail to do so, judgment b	y defau	lt will be taken against you
for the relief demanded in the complaint. Any answer that you serve on the parties to	this act	tion must be filed with the
Clerk of this Court within a reasonable period of time after service.		

J. MICHAEL McMAHOI

JUN 1 3 2008

CLERK

(By) DEPUTY CLERK

in a Civil Action			
	RETURN OF SER	VICE	
complaint was made by	me(1) DATE	6. 2008	
· /	TITLE		
	method of service	LERK	
	welling house or usual place	of abode with a person of	suitable age and
ith whom the summor	ns and complaint were left:		
ted:			
			NOR DEPANTMENT,
SERV	ICES		TOTAL \$0.00
	DECLARATION OF	SERVER	1 40.00
	Patrice Signature of Server	l S. OH	<u>~</u> NY NY 19019
	Address of Server		
	upon the defendant. of at the defendant's desiding therein. with whom the summonated: SERVED VA SERVED VA	TITLE JARA TITLE JARA Andicate appropriate method of service Tupon the defendant. Place where served: of at the defendant's dwelling house or usual place siding therein. with whom the summons and complaint were left: ated: SERVER UPON MAN YOU'S STATEMENT OF SERV SERVICES DECLARATION OF S ander penalty of perjury under the laws of the Unite turn of Service and Statement of Service Fees is true A 2008 Date Signature of Server	TONK 16, 2008 TITLE LAN CLERK Indicate appropriate method of service Topon the defendant. Place where served: If at the defendant's dwelling house or usual place of abode with a person of siding therein. If which whom the summons and complaint were left: Ited: SERVED UPON MAN YOUR STATE TUSUANTED STATES ALONG WITH HOUSENERS SERVICES SERVICES SERVICES DECLARATION OF SERVER Inder penalty of perjury under the laws of the United States of America that the sum of Service and Statement of Service Fees is true and correct. Y 2, 2008 Date Signature of Server F25 E16H1H Ayanua

⁽¹⁾ As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SCHEDULE A

UNITEDHEALTH GROUP INC. 9900 Bren Road East Hennepin County Minnetonka, MN 55343

UNITEDHEALTHCARE 9900 Bren Road East Hennepin County Minnetonka, MN 55343

UNITED HEALTHCARE INSURANCE COMPANY OF NEW YORK 2950 Express Drive South, Suite 240 Suffolk County Islandia, NY 11749

2 Penn Plaza, 7th Floor New York County New York, NY 10121

5015 Campuswood Drive, Suite 107 Onondaga County Syracuse, NY 13221

UNITEDHEALTHCARE OF NEW YORK, INC. 2 Penn Plaza, 7th Floor New York County New York, NY 10121

5015 Campuswood Drive, Suite 107 Onondaga County Syracuse, NY 13221

OXFORD HEALTH PLANS LLC 48 Monroe Turnpike Fairfield County Trumbull, CT 06611

OXFORD HEALTH PLANS (NY), INC. 48 Monroe Turnpike Fairfield County Trumbull, CT 06611